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CONFIRMATION NO. 8145

Bib Data Sheet

SERIAL NUMBER 09/384,674	FILING DATE 08/27/1999 RULE	CLASS 709	GROUP ART UNIT 2154	ATTORNEY DOCKET NO. -2000581-0002-
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APPLICANTS

NEIL L. MAYLE, CAMBRIDGE, MA;
 DAVID L. ROSE, BOSTON, MA;

1937C/P207C

** CONTINUING DATA *****

THIS APPLICATION IS A CON OF 08/887,616 07/03/1997 PAT 6,018,774 ✓ O.E.J.

** FOREIGN APPLICATIONS ***** N/A JZ

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 09/13/1999

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance
Verified and Acknowledged	<i>Douglas D. Robino</i> Examiner's Signature <i>JZ</i> Initials
STATE OR COUNTRY	MA
SHEETS DRAWING	18
TOTAL CLAIMS	9
INDEPENDENT CLAIMS	1

ADDRESS

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 53 STATE STREET
 BOSTON, MA 02109

Customer #29141

TITLE

SYSTEM FOR CREATING MESSAGES INCLUDING IMAGE INFORMATION

FILING FEE RECEIVED 510	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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SERIAL NUMBER 09/384,674	FILING DATE 08/27/99	CLASS 709	GROUP ART UNIT 2756	ATTORNEY DOCKET NO. 2000581-0002
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APPLICANT
NEIL L. MAYLE, CAMBRIDGE, MA; DAVID L. ROSE, BOSTON, MA.

CONTINUING DOMESTIC DATA***

VERIFIED

[Signature] This application is a continuation of S/N 08/887,616 filed on July 3, 1997, now U.S. Patent Number 6,018,774

371 (NAT'L STAGE) DATA***

VERIFIED

N/A [Signature]

FOREIGN APPLICATIONS***

VERIFIED

N/A [Signature]

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 09/13/99 ** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Met after Allowance	STATE OR COUNTRY MA	SHEETS DRAWING 18	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 1
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TITLE ELECTRONIC IMAGE PROCESSING SYSTEM

FILING FEE RECEIVED \$510	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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